

Loudonville Farmers Equity Company  
Recurring ACH Debit Authorization Form

By this authorization and as an authorized signor on the depository account presented, you give Loudonville Farmers Equity Company permission to charge/debit your account for charges on your Loudonville Farmers Equity Company in-house account.

I, \_\_\_\_\_, authorize Loudonville Farmers Equity Company to charge my bank account for goods/services/account/invoice(s) on the following schedule:

\_\_\_\_\_ Each Invoice

\_\_\_\_\_ Balance of my account on the 5<sup>th</sup> and 20<sup>th</sup> calendar days of each month

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Loudonville Farmers Equity Account Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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Depository Bank \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 10 business days prior to the next billing date. If the next payment date should fall on a weekend or holiday, I understand that the payments may be executed on the following business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account on the days of the above noted periodic transaction dates. In the case of an ACH transaction being rejected for any reason including Non-Sufficient Funds (NSF), I understand that Loudonville Farmers Equity Company will charge a fee of \$35.00 and may, at its discretion, attempt to process the charge again within 15 days. An additional \$35.00 charge will be applied to your account for each attempt returned NSF. I certify that I am an authorized user of this bank account and will not dispute these transactions so long as the transactions correspond to the terms indicated in this authorization form.

Signature \_\_\_\_\_ Date \_\_\_\_\_